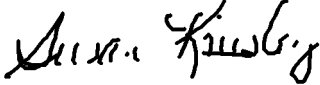


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>5</b>					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>													
1. CONTRACT/PURCH ORDER NO. <b>SP0900-02-D-9405</b>			2. DELIVERY ORDER NO. <b>0022</b>		3. DATE OF ORDER (YYMMDD) <b>2004 JAN 26</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPE03195000516</b>		5. PRIORITY <b>DOA3</b>				
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCCLKH (614)692-4121 / FAX: (614)692-4230 E-mail: Shaunna.McClintock@dla.mil				7. ADMINISTERED BY (If other than 6) DCMA DENVER ORCHARD PLACE 2 5975 GREENWOOD PLZ. BLVD., SUITE 20 GREENWOOD VILLAGE, CO 80111-4715 <b>CRITICALITY: B</b>				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR NAME AND ADDRESS <b>MOOG AIRCRAFT GROUP SALT LAKE OPERATIONS 2268 SOUTH 3270 WEST SALT LAKE CITY UT 84119-1112 Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>154 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER ATTN DFAS BVDPC/CC 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205 <b>EFT: T</b>		12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>					
16. TYPE OF ORDER		DELIVERY <input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
PURCHASE		Reference your _____ and furnish the following on terms specified herein.											
<b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>EG: 97X4930 5CE0 001 26.0 S33150</b>													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>				<b>TOTAL: 39</b>							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA <b>Susan Knisley</b> BY: 				PCCCLNE		25. TOTAL <b>\$ 10537.02</b>			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				32. PAID BY				TRACTING/ORDERING OFFICER HER NO.		29. DIFFERENCE		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						34. CHECK NUMBER		35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

TERMS AND CONDITIONS OF BASIC CONTRACT ARE APPLICABLE.

## CONTINUATION SHEET

Order Number:

SP0900-02-D-9405-0022

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## SECTION B

PR YPE03195000516  
NSN 5950-00-083-6660

## ITEM DESCRIPTION:

COIL, ELECTRICAL

IF THE APPLICABLE (OEM OR MILITARY) DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISION (QAP) SPECIFIES AN ACCEPTABLE QUALITY LEVEL (AQL). THE SAMPLING ACCEPTANCE NUMBER SHALL BE REDUCED TO ZERO (0). FOR EXAMPLE IF THE ACCEPT REJECT CRITERIA IS ACCEPT ON (3) DEFECTS AND REJECT ON (4) DEFECTS. THE NEW ACCEPT REJECT CRITERIA IS ACCEPT ON (0) DEFECTS AND REJECT THE ENTIRE LOT ON (1) DEFECT. EVEN THOUGH THE ACCEPTANCE LEVEL IS ELIMINATED, THE SAMPLE SIZE REMAINS THE SAME.

ADEQUATE DATA FOR THE EVALUATION OF ALTERNATE OFFERS IS NOT AVAILABLE AT THE PROCURMENT AGENCY. THE OFFEROR MUST PROVIDE A COMPLETE DATA PACKAGE INCLUDING DATA FOR THE APPROVED AND ALTERNATE PART FOR EVALUATION. THIS IS FOR SOLICITATION PURPOSES ONLY AND DOES NOT APPLY FOR AWARD.

## CRITICAL APPLICATION ITEM

MOOG AIRCRAFT GROUP SALT LAKE (19156) P/N 15029-3  
NO VENDOR DATA AVAILABLE (79294) P/N 29029-3

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03195000516	0001	27	EA	<u>\$270.18000</u>	<u>\$7294.86</u>

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = 00:  
WRAP MAT = CA: CUSH/DUNN MAT = 00: CUSH/DUNN THKNESS = 0:  
UNIT CONT = XX: OPI = 0:  
INTRMDTE CONT = D3: INTRMDTE CONT QTY = 100:

CONTINUED ON NEXT PAGE

## CONTINUATION SHEET

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## SECTION B

PACK CODE = U:

MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 JUN 28

PARCEL POST/FREIGHT ADDRESS:

SW3122  
DEF DIST DEPOT JACKSONVILLE  
BLDG 175 SWAN ROAD  
NAS JACKSONVILLE FL 32212-0103

NON-MILSTRIP  
PROJ

\* \* \* \* \*

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0002	YPE03195000516	0002	12	EA	\$270.18000	\$3242.16

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
MIL-STD-2073 PACKAGING DATA SAME AS PRIOR LINE

DELIVER FOB: ORIGIN BY: 2004 JUN 28

PARCEL POST ADDRESS:

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
TRANSPORTATION OFFICER  
PO BOX 960001  
STOCKTON CA 95296-0130

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
25600 S CHRISMAN ROAD  
REC WHSE 10 PH 209 839 4307  
TRACY CA 95376-5000

NON-MILSTRIP  
PROJ

\* \* \* \* \*

REMIT PAYMENT TO:

\* \* \* \* \*